

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

March 6, 2014

Ms. Constance Leach, Administrator
Eastview At Middlebury
100 Eastview Terrace
Middlebury, VT 05753

Provider #0603

Dear Ms. Leach:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite investigation of one entity report and one complaint conducted on **January 29, 2014**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	FEB 18 14 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 01/29/2014
NAME OF PROVIDER OR SUPPLIER EASTVIEW AT MIDDLEBURY		STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW TERRACE MIDDLEBURY, VT 05753			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: An unannounced onsite investigation of one entity report and one complaint were completed by the Division of Licensing and Protection on 1/29/14. There were no regulatory findings for the entity report. A regulatory violation related to the complaint was cited as follows.	R100	PLAN OF CORRECTION In response to an unannounced onsite investigation conducted on January 29, 2014, by the VT Division of Licensing and Protection, where a determination was made that EastView at Middlebury (EastView) failed to report to Adult Protective Services within 48 hours of learning of suspected missing property by five residents in August 2013, EastView has established the following Plan of Correction. EastView has established a new system to ensure reporting of alleged abuse to the State within 48 hours. Our Internal Investigations Team (I ² -Team), comprised of Paula Pelkey, RN – Director of Residential Care; Rich Fritz – Assistant Director of Residential Care, and Connie Leach – Interim Executive Director, are responsible for ensuring prompt and thorough review of every incident report. Staff receives regular training on recognizing abuse and timely reporting of alleged abuse. The I ² -Team commences an internal investigation within the first 24 hours of an alleged abuse incident. If the incident constitutes suspected abuse,		
R206 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report suspected exploitation of 5 residents (Residents # 1, 2, 3, 4, 5) to Adult Protective Services (APS) within 48 hours of learning of the suspected, reported or alleged incident(s). Findings include: 1. Per a written summary dated 8/21/13, the facility reported to police five cases of suspected theft from residents as follows: a. Resident #1 reported to staff 8/12/13 that \$20.00 was missing from his/her wallet. b. Resident #2 reported to staff 8/9/13 that \$160 was missing from his/her wallet. c. Resident #3 reported to staff 8/4/13 that a bottle of Oxycodone (60 x 5 mg tablets) was	R206		2/1/14	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Constance A. Leach

TITLE

Interim Executive Director

(X6) DATE

2/12/14

STATE FORM

6899

G6FS11

If continuation sheet 1 of 3

R206 POC accepted 2/14/14 JHosmer RN/pme

pme

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R206	Continued From page 1 missing. d. Resident #4 reported to staff 8/14/13 that \$20 was missing from his/her wallet. e. Resident #5 reported to staff 8/15/13 that \$40 was missing from his/her wallet. According to a printed electronic correspondence provided by the facility, the facility's Administrator phoned Adult Protective Services (APS) and spoke with an intake worker on 8/27/13. During an interview at 1:30 PM on 1/29/14, the Interim Administrator confirmed that suspected missing property in the period 8/4/13 to 8/15/13 was first reported to APS by the facility on 8/27/13, which is outside the 48 hour reporting window.	R206	a member of the Investigations Team completes an on-line report within the 48-hour reporting period at https://fwl.harmonyis.net/VTDAIILiveIntake/ or by phone to either 1-800-564-1612 (instate) or 1-802-871-3326 (out of State), with a priority given to on-line reporting. All staff members are trained to recognize possible abuse and to internally report any allegations of abuse within 24 hours. A mandatory Training on Abuse and Abuse Reporting for all staff was held at four different times on 1/29 -1/30, 2014. New employees now receive the same training. During a day-long onboarding orientation for all staff, EastView has incorporated the Training on Abuse and Abuse Reporting. This was implemented in our orientation on 2/7/14 and will be an ongoing part of all future orientations. Staff received training on Incident Report Writing on 9/25/13 from Wake Robin's Health Services Director Linda Phypers. This was followed on	1/29/14 2/7/14 9/25/13	

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Continued from page 2

1/31/14 by Linda Phypers providing a train the trainer workshop for Paula and Rich to assist them in further team training in incident report writing, timely reporting, and how to anticipate and diffuse potential altercations before they occur. The I²-Team also works individually with staff and reflects with the collective staff during trainings to provide an opportunity to learn from recent incidents, thereby furthering their goals of minimizing the number of incidents, and ensuring accuracy and timely reporting within internal investigations when an incident does occur.

It is the responsibility of the Internal Investigations Team to monitor the timeframe of incident investigations to ensure reporting timeliness to the State within the required 48-hour timeframe, followed by submittal of a written report within five days.

Preparation and submission of this plan of correction is required by state and federal law. This plan of correction does not constitute as admission for the purposes of general liability, professional malpractice or any other court proceeding.

1/31/14